PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									Application or Docket Number					
. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			.2				1	RATE	Ē	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			Ĵ minus 20=		•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		•			X40=			OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT					. 125			1			
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=			OR	+270=		
CLAIMS AS AMENDED - PART II								TOTA	L		OR	TOTAL	+10,~	
	C	(Column 1)	MIENUEL	PAR - (Colur)		(Column 3) Si			.L E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=			OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l	+135=	1	···		+270=	1 B	
									= AL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)								EE		OR ,	ADDIT. FEE		
AMENDMENT B	(Column 1) CLAIMS			HIGH		(Column 3)	1 г		_	ADDI-	· ·	· · · · · · · · · · · · · · · · · · ·	ADDI-	
		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total		Minus	**		=		X\$ 9=	.		OR	X\$18=		
	independent	*	Minus	***	-	=]	X40=		,	OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+					
							L	+135= TOT/	L		OR	+270=	·	
	_	A	DDIT. FE			OR ,	TOTAL ADDIT. FEE							
	-	(Column 1) CLAIMS		(Colun		(Column 3)	1 _							
AMENDMENT C		REMAINING AFTER AMENDMENT	: !	NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	1		OR	X\$18=	ree	
	Independent	•	Minus	***		=	 	X40=	十		Ì	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740-	+		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+270=			
** If the "Highest Number Provincely Baid For" IN THIS SPACE is less than 20 center "20."											TOTAL ADDIT. FEE			
		nber Previously Pai					er four	nd in the	аррі	ropriate box	in colu	umn 1.		